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Bib Data Sheet

CONFIRMATION NO. 8105

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------------|----------------------------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/055,085                                                                                                                                                                                                                                                                                                              | <b>FILING DATE</b><br>01/25/2002<br><b>RULE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>CLASS</b><br>239        | <b>GROUP ART UNIT</b><br>3752 | <b>ATTORNEY DOCKET NO.</b><br>X-13215 |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>APPLICANTS</b><br>Richard A. West, Bay Village, OH;<br>** CONTINUING DATA ***** <i>Nov 9/1/04</i><br>** FOREIGN APPLICATIONS ***** <i>Nov 9/1/04</i><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **<br>** 03/19/2002                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input type="checkbox"/> met <input type="checkbox"/> not met <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | <b>STATE OR COUNTRY</b><br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>29     | <b>INDEPENDENT CLAIMS</b><br>2        |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>ADDRESS</b><br>Vickers, Daniels & Young<br>Suite 2000<br>50 Public Square<br>Cleveland, OH 44113-2235                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>TITLE</b><br>Apparatus for applying foam material to a substrate                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>451                                                                                                                                                                                                                                                                                                               | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> |                            |                               |                                       | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> Credit                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                       |                                   |                                               |                                                                |                                              |                                      |                                 |